

NELSON COUNTY PARKS & RECREATION DEPARTMENT  
RELEASE AND ASSUMPTION OF RISK  
BLUE RIDGE ATV

NAME OF PARTICIPANT: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_ (if under 18 years of age)

I, on my own behalf and on behalf of my heirs, next of kin, and all representatives, after having been advised of the potential hazards of BRATV activities [see below], do hereby WAIVE AND RELEASE all demands and claims, whether in law or in equity, that I or my heirs, next of kin, and all representatives might otherwise have against Nelson County or any employee/volunteer thereof, on account of my death, injuries, or property damage, as a result of my participation in any BRATV event.

I understand that these rides and activities may be on private land and do WAIVE AND RELEASE all demands and claims, whether in law or in equity, that I or my heirs, next of kin, and all representatives might otherwise have against the private landowners on account of my death, injuries, or property damage, as a result of my participation in this event.

**DESCRIPTION OF ACTIVITIES/EXPOSURES:**

BRATV activities include but are not limited to rides and workdays. The BRATV rides consist of guided rides off-road on trails and at times, [and with permission and great care] crossing and traveling on public roads.). Riders provide his/her ATV that is age appropriate and mechanically sound. The trails can be potentially dangerous, rocky, & steep. The activity involves potential for risk of injury or death to the rider and the potential of damage to the ATV. Each rider has the responsibility to ride safely and within his/her abilities. The most common or foreseeable circumstances that can cause significant injury, include but are not limited to the following: overturned ATV's; falling from the conveyance; striking immobile objects such as trees, etc; being struck by other ATV's; and the possible dangerous operation of vehicles by other participants and/or volunteers.

BRATV workdays consist of riders working on and improving the trails [including, but not limited to, clearing trees, brush, rocks and whatever else may be blocking the trails, building water bars, using large hand tools (shovels, post-hole diggers, pick-axes, etc), and/or operating chainsaws or power trimmers.] Using any of these tools could cause serious bodily injury, including but not limited to loss of limbs, eyes and/or hearing. Any rider using power or other equipment will do so on a volunteer basis and is responsible for his/her actions.

**ASSUMPTION OF RISK:**

I have read the description of expected/potential activities and understand its contents. I understand that these activities involve the potential for risk of injury. I understand that participants will **not** be under observation and direct control at all times. I understand that Nelson County, and its employees/volunteers, will not be financially responsible to any participant if he or she is harmed while taking part in the any of the activities listed above.

**MEDICAL TREATMENT RELEASE: ADULT:** If at any time I am incapacitated or unconscious I give permission to be medically treated for illness occurring or injury sustained during such participation. I authorize NCPRD staff or volunteers to approve emergency transport as needed. I understand that I am responsible for all medical expenses accruing from such treatment.

**PARENT/GUARDIAN FOR CHILD:** I give permission for the participant (my child) to be medically treated for illness occurring or injury sustained during such participation when the parent cannot be located immediately. I authorize camp personnel to approve emergency transport as needed. I understand that I am responsible for all medical expenses accruing from such treatment.

List any pertinent medical information: \_\_\_\_\_

In consideration of Nelson County permitting my and/or my child's participation, I hereby declare that the terms of this RELEASE AND ASSUMPTION OF RISK have been fully read and understood by me, and I agree to assume the risks, including any injury to myself and/or my child, that may arise by or in connection with these activities.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18: Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
To be reached during BRATV activities if necessary